

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Customer Name _____

Sewage Account # _____

Customer Address _____

Customer City, State, Zip _____

Company Name: Sewage Disposal Works

Company Address: 17 Harding Avenue

Company City, State, Zip: Terre Haute IN, 47807

Sewage Account # _____

I (we) hereby authorize the Sewage Disposal Works, (hereinafter referred to as the Company) to initiate debit entries to the account identified below at

_____ (Depository Financial Institution, hereinafter referred to as DFI and authorize the DFI to post such credits to my (our) listed account.

Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments will be made electronically and under the Rules of the Indiana Exchange, INC. Automated Clearing House Association (INDEX) and National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is given the Company in such time and manner as to afford the Company a reasonable opportunity to act on it. I (we) acknowledge receipt of a completed copy of the Authorization.

Name of DFI _____

Address of DFI _____

DFI's Routing and Transit/ABA No. _____

Account No. to Debit _____

Type of Account _____ CHECKING _____ SAVINGS

Signature of Authorizing Party _____ Date _____

Signature of Authorizing Party _____ Date _____

*****PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION*****

CANCELLATION OF THIS AUTHORIZATION MUST BE IN WRITING TO THE COMPANY AT THE COMPANY ADDRESS ABOVE.